UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460

JULY 31, 1989

MEMORANDUM

SUBJECT: Interpretations of the EPA
Medical Waste Regulations (Numbers 1-7)

FROM: Devereaux Barnes, Director
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TO: Regional, State, and Territorial
Medical Waste Contacts (List Attached)

Attached, for your information, are the first set of interpretations (Q's and A's) on the medical waste rules. As many of you suggested in our June 19, 1989, meeting, we have numbered the Q's and A's consecutively (1-7), and we plan to distribute this kind of document on a monthly basis for at least the next 3-4 months.

If you have questions on this document (or on interpretations generally) please contact Becky Cuthbertson on (202) 475-8551 or Mary Jean Osborne on (202) 475-6720.

Attachments

40 CFR Part 259 - Questions and Answers

July 1989

This document reflects the Environmental Protection Agency's interpretations of the federal regulations at 40 CFR Part 259 -standards for the Tracking and Management of Medical Waste. States or localities may have requirements that are more inclusive, or that pose additional restrictions on the management of medical wastes.

1. A physician uses a cotton swab to obtain a throat sample from a patient; the swab is sent to a pathology laboratory. At the laboratory, a technician inoculates a culture dish with the throat sample, and discards the swab. Is the discarded cotton swab a regulated medical waste under 40 CFR 259.30(a)(1)?

> The discarded cotton swab is a regulated medical waste item since it was a "device used to.. .inoculate.. .cultures." The statutory language of RCRA Section 11002(a)(1) and the regulatory language of 40 CFR 259.30(a)(l) was based on the EPA Guide for Infectious Waste Management, which recommended handling devices used to transfer or inoculate cultures as infectious waste. EPA advises generators to assume that all cotton swabs used in this manner will result in cultures of infectious agents and, thus, EPA advises generators to manage all such swabs as regulated medical waste.

2. A gynecologist uses a disposable speculum in a routine gynecological examination, and discards the speculum when she has finished using it. Vaginal secretions are present on the surface of the speculum, but they are not dripping from it. Is the discarded speculum a regulated medical waste?

> The discarded speculum is not a regulated medical waste under 40 CFR 259.30(a)(2), even though it contains a body fluid (as the term "body fluid" is defined in Section 259.10(b); vaginal secretions are a body fluid under this regulation). Waste items saturated and/or dripping with body fluids that are defined in Section 259.10(b), or are caked with dried body fluids that were saturated and/or dripping, are regulated medical wastes. Items that merely contain small quantities of body fluids (except for specimen containers) are not regulated medical waste under Section 259.30(a)(2) (although in certain circumstances they could be regulated under another waste class such as Class 6).

3a. A nurse removes a surgical dressing from a patient; the dressing is thoroughly saturated with the patient's blood. Is the dressing a regulated medical waste when discarded?

> The dressing meets the definition of an item that is "...saturated and/or dripping with human blood..." in 40 CFR 259.30(a)(3). Thus, it is regulated medical waste.

3b. A nurse removes a surgical dressing from a patient; the dressing contains only a small amount of the patient's blood and is not thoroughly saturated. Is the dressing a regulated medical waste under 40 CFR 259.30(a)(3)?

> In this case, the dressing is not a regulated medical waste because it is not "...saturated and/or dripping with human blood...." Only those fibrous items that are completely saturated with blood (or would drip with blood if squeezed), or non-fibrous items that have enough blood present that they are dripping, are regulated medical waste because they are "saturated and/or dripping with human blood".

4a. A medical supply manufacturer makes syringes for use by health care facilities, individuals self-administering insulin injections, and non-medical laboratory uses (e.g., use in injecting chemical samples into gas chromatographs). The manufacturer finds one lot of syringes to be defective at the factory, and decides to ship them off-site to the local landfill for disposal. Are the syringes regulated medical waste, as defined in 40 CFR 259.30(a)(7)?

> Because the syringes became a waste at a facility that manufactures medical supplies, but were not "generated in the diagnosis, treatment, or immunization of human beings or animals, in research pertaining thereto, or in the production or testing of biologicals..."; they are not a medical waste (as defined in Section 259.10(b), or in RCRA Section 1004(40)). Because they are not a medical waste, they cannot be regulated medical waste.

4b. A veterinarian located at his clinic discovers that a batch of syringes has defective needles, and he is unable to use them. Are the unused syringes regulated medical waste?

> Yes. The unused syringes are "solid wastes generated in the ...treatment of...animals" because in this instance they were generated at a medical facility in the course of animal treatment. Thus they are medical wastes; they also meet the listing description in 40 CFR 259.30(a)(7) (unused sharps).

5. A patient used a special mattress to prevent bedsores while she was hospitalized. She asks to take the mattress home for use while she recuperates there. Is the mattress a regulated medical waste?

> In order to be a regulated medical waste, the mattress must first be a "solid waste" (as defined in RCRA Section 1004(27)). Because the patient intends to use the mattress in her recuperation, it is not yet a waste material and, therefore, it is not a regulated medical waste. When the patient, in her home, decides to discard the mattress, it is a household waste, which is not "medical waste" (because the definition of "medical waste" in Section 1004(40) excludes household waste).

6. Can a regulated medical waste that has been treated be destroyed through compaction and, therefore, be excluded from the regulations in 40 CFR Part 259 under Section 259.30(b)(l)(iv)?

The definition of "destroyed regulated medical waste" in Section 259.10(b) excludes compaction since, normally, compaction will not result in a waste that is "no longer generally recognizable as medical waste". For example, blood bags will still be recognizable even if compressed in a compaction unit. However, some types of regulated medical waste may be "ruined, torn apart, or mutilated..." so that they are no longer generally recognizable as medical waste (e.g., glassware can be crushed), and therefore destroyed. The generator must determine on a case-by-case basis whether wastes subjected to a particular process or combination of processes meet the conditions of Section 259.10(b) and 259.30(b) (1) (iv), in order to be excluded from the requirements of 40 CFR Part 259.

7. A facility uses a unit that steam-sterilizes regulated medical waste, and then compacts the waste into large steel containers for transport. Assuming the large steel container meets the Federal packaging requirements for off-site transport (that is, the container is rigid, leak-resistant, etc., as required under 40 CFR 259.41), can the facility compact the waste into the container, which is to be used for transport?

The facility may use such a unit and be in compliance with the Federal regulations. The 40 CFR Part 259 regulations do not specifically address whether compaction can occur during the packaging step of waste management activities; thus, compaction is not prohibited when the waste is being packaged. The regulations do require transporters to ensure that containers of wastes are not subjected to mechanical stress or compaction while being onloaded or off-loaded from the transport vehicle, and are not compacted during transport (Section 259.73 (a) (2)). The regulations are intended to ensure that waste, once placed in packaging meeting the performance standards, is not subject to mechanical stress or compaction. This interpretation is further explained in the preamble to the rule at 54 Federal Register 12346 and 12354.